EXHIBIT C

COCC 06-10705-00070	7-24-5 E-10	tered 00/02/11-14-	1259 Dac	10-2 of 12
UNITED STATES BARRYUS IC & COSCRETE DISTRICT OF REVADA	PRO	OF OF CLAIM	L3⊅¤geHa g	NO/C OI IC
Name of Debtor:	Case Nur	Case Number:		
USA COMMERCIAL MORTGAGE COMPANY	06-10	0925- LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
1132124100313	34	Check box if you have		
PETER VALVE COMPANY INC 2800 WRONDEL WAY STE A		never received any notices from the bankruptcy court or	DO NOT EILE TH	S PROOF OF CLAIM FOR A
RENO NV 89502-4297	i	BMC Group in this case.	SECURED INTER	EST IN A BORROWER THAT IS NOT
		Check box if this address	ONE OF THE DEE	-
775		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (775) \$25 - 0424		court.	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replac	ces	
1502		if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death	_	alaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		digits of your SS #:		(not for four balations)
Money loaned	Unpaid co	ompensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED:	3. IF CC	OURT JUDGMENT, DATE O	BTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	at best descri	oe your claim and state the amo	unt of the claim at t	he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)) vour claim	Check this box if yo	our claim is secur	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y	our claim is	a right of setoff).		
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	_	-
Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entitled to priority.		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any:		at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)				or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	<u></u> Տ	Up to \$2,225* of deposits towas services for personal, family, or		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable par	• .	* '''
		* Amounts are subject to adju- with respect to cases commer		
5. TOTAL AMOUNT OF CLAIM \$ \$	100,0	00. £ \$		\$
AT TIME CASE FILED: (unsecured)	(s	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach copies of supporting doc				
running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	agreements	s, and evidence of perfection	of lien. DO NO	
8. DATE-STAMPED COPY: To receive an acknowledgment of the			•	l envelope and copy of this
proof of claim.				
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,				JOL ONL!
governmental units). BY MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO):	,
BMC Group Attn: USACM Claims Docketing Center	BMC Grou		2.1.2	
P. O. Box 911	1330 East	Franklin Avenue		
El Segundo, CA 90245-0911		do, CA 90245		
DATE SIGN, and print the flame and title, if any, of this claim (attact) copy of power of atto	rney, if any):	PATER VAL	YE CO. INC	
1/1/1-1 THI AMIN ())1.//. A	M C.	しょし だんちらしのネイ	7	

C150-06-10725-00725-D00-9907	7-21-2 Fm	tered 08/02/11/21/44	1259Dag	10-2 of 12
UNITED STATES BARBAUCIG COLORS DISTRICT OF REVADA	PRO	OF OF CLAIM	Ŀ⋨¦⋑ ౙౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢౢ	NOO OI IE
Name of Debtor:	Case Nur	Case Number:		
USA COMMERCIAL MORTGAGE COMPANY	06-10	0715- LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
1132124100313	34	Check box if you have		
PETER VALVE COMPANY INC 2800 WRONDEL WAY STE A		never received any notices from the bankruptcy court or	DO NOT ELLE THE	IS PROOF OF CLAIM FOR A
RENO NV 89502-4297	i	BMC Group in this case.	SECURED INTER	EST IN A BORROWER THAT IS NOT
		Check box if this address	ONE OF THE DE	
725		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (775) \$25 - 0424	···	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replac	ces	
1502		if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	_	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		digits of your SS #:		(not for four balations)
Money loaned	Unpaid co	ompensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED:	3. IF CO	OURT JUDGMENT, DATE O	BTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	at best descri	be your claim and state the amo	unt of the claim at t	he time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b)) vour claim		our claim is secur	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y	our claim is	a right of setoff).		
entitled to priority. UNSECURED PRIORITY CLAIM	·	Brief description of	_	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	_ Motor Vehicle	Other
entitled to priority.		Value of Collateral		
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage ar secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2,225* of deposits toward	ard nurchase lease	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	s –	services for personal, family, o	or household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	片	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	لــا	Other - Specify applicable part * Amounts are subject to adjust	• .	* '''
		with respect to cases commer		date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	100,0	100.2 \$		\$
(unsecured)	(s	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	the principal a	amount of the claim. Attach ite	mized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach copies of supporting doc	<u>cuments,</u> su	ch as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the				I SEND UNIGHNAL
8. DATE-STAMPED COPY: To receive an acknowledgment of tr proof of claim.			•	l envelope and copy of this
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pn	m, prevailin	g Pacific time, on Novemb	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, governmental units).	•			
BY MAIL TO: BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO up):	
Attn: USACM Claims Docketing Center	Attn: USA	CM Claims Docketing Cente	er .	
P. O. Box 911 El Segundo, CA 90245-0911				
DATE SiGN, and print the flame and title, if any, of the	the creditor or	other person authorized to file	JED. INO	
11-7-2006 this claim (attack copy of power of atto	mey, it any):	PATEL VAL	12 (0.1316	

Case 06-10/25-gwz Doc 880/		otered 08/03/11 11:	13:58 Page 4 of 12	
	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Number		Schedule/Claim ID s32390	
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classification	
a set a seminor of an individual of the seminor of	33 .5.	LO LDIT	\$145 99 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address	filed a proof of claim relating to your claim. Attach copy of statement giving particulars 1321240001532 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
Creditor Telephone Number 762 369 -0112		envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here replac		
1878		Check here replace or if this claim amen	a previously filed claim dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	
Goods sold Personal injury/wrongful death Services performed Taxes	Last four	salaries, and compensation (digits of your SS #	(not for loan balances)	
Money loaned	Unpaid c	ompensation for services pe		
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 1,012,942 Check this box if a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	our claim is secured by collateral (including			
UNSECURED PRIORITY CLAIM		Real Estate		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim, if any	d other charges <u>at time case filed</u> included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days			d purchase lease or rental of property or household use 11 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to gov	ernmental units 11 U S C § 507(a)(8)	
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust	graph of 11 U S C § 507(a) () ment on 4/1/07 and every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ 1 1 9 7 000 08\$		with respect to cases commend	ed on or after the date of adjustment	
AT TIME CASE FILED		ф	\$ 187,000 UO	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iter	(pnority) (Total) nized statement of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the documents are not available.	<i>ments,</i> su igreement	ch as promissory notes purc s, and evidence of perfection	hase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	prevailin	g Pacific time, on Novemb	er 13, 2006 USE ONLY	
	BY HAND O	OR OVERNIGHT DELIVERY TO	_	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	9 26 2006	
	1330 East Franklin Avenue			
DATE . SIGN and onnt the name and tale if any of the	DATE			
9/22/06 Tellum (attach dopy of power of attorne	USA CMC			
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment in	for up to 5 y	ears or both 18 U S C §§ 152	AND 3571	

FORM B10 (Official Form 10) (10/05)

ORM B10 (Official Form 10) (10/05)	Dierri	CT OF	Nevada	THEORE OF CLAIM
UNITED STATES BANKRUPTCY COURT				PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MONTUAGE (O			725-LBR	
NOTI- This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	trative expense y be filed pure			
Name of Creditor (The person or other entity to whom the debtor owes money or property) ANTHUR F & LYAA S SCHATERATED THE SCHATTER LITTLE TRUSTED 10/24/91 Name and address where notices should be sent	Check else has your cl	box if your street a same At particular box if your street when the same are same as the same are same	ou are aware that anyone proof of claim relating to tach copy of statement	y s
ARTHUR TOHN TEER 20155 NE 38 7 CT, #1604 AVENTINA FL 33180	Check	box if the	he address differs from the envelope sent to you by	t t
Telephone number 305 - 932 8035 Last four digits of account or other number by which creditor identifies debtor 0983	Check of this	here	replaces amends a previously	filed claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other CEE EXHIBIT A		Wa La Ur fro	ettree benefits as defined a ages salaries and compe ist four digits of your SS inpaid compensation for s om	nsation (fill out below) # ervices performed to (date)
2 Date debt was incurred	3.		rt judgment, date obtan	
4. Classification of Claim Check the appropriate box or boxes and see reverse side for important explanations. Unsecured Nonpriority Claim \$\frac{1}{774}\frac{9}{63}\frac{9}{60}\$ Check this box if a) there is no collateral or lien securing you only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A (a)(1)(B)). Wages, salaries or commissions (up to \$10,000) * earned will days before filling of the bankruptcy petition or cessation of the debusiness whichever is earlier. 11 U.S.C. \$ 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. \$ 50.00 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	our claim or or on or	Amousecur Up to 9 or serv § 5070 Taxes 6 with re	Check this box if your clant of setoff) Brief Description of Coll Real Estate Mc Value of Collateral \$_ unt of arrearage and other red claim, if any \$_2_7 \$2 225* of deposits toward to go personal family of any and the set of personal family of any and the set of personal family of any and the set of the	ateral botor Vehicle Other— CNK1-CLL/N charges at time case filed included in 232-32 d purchase lease or rental of property or household use - 11 U S C mmental units - 11 U S C § 507(a)(8) graph of 11 U S C § 507(a)() on 4/1/07 and every 3 years thereafter d on or after the date of adjustment (C) (Total)
6 Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts of agreements and evidence of perfection of lien DO NOT state documents are not available explain If the documents are well addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, file this claim (attach copy of power of	cuments, such ontracts court SEND ORIGI voluminous, a ne filing of you of the credit attorney if an	as prot t judgm INAL I attach a our clair or or of ny)	missory notes, purchase ents mortgages, security DOCUMENTS If the summary m, enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY FILED JAN 12 2007 USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500.00	O or imprisor	ment fo	or up to 5 years or both	

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRIC I	OF_	Nevada		PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Cor	npany	Case Numbe	^r 06-	-10725-LBR		11001 01 02/11/1
NOTE This form should not be used to make a claim for of the cise. A request for payment of an administrative of	an administrative xpense may be	e expense ar	ising it to i	after the comme 1 USC § 503	ncement	
Name of Creditor (The person or other entity to whom the dubtor owes money or property). The Schoonover Family Trust Dated 2/2: C/O Edward L and Susan A Schoonover Co-TTEES Name and address where notices should be sent Edward L and Susan A Schoonover 164 Shorett Dr Friday Harbor WA 98250	s/2004 r	else has fil your claim giving part Check box notices fro case Check box	ed a p Atta Lular If you the	u are aware that proof of claim rel ch copy of state s u have never rec bankruptcy cou address differs nvelope sent to y	ating to ement erved any ort in this	THIS STACE IS FOR COURT USE ONLY
Telephone number Last four digits of account or other number by which cred identifies debtor	itor	the court Check here if this clair	_	replaces amends a prev	nously filed	i claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A			Wag Last Unp	ee benefits as d	efined in 1 compensat our SS # _ on for servi	I U S C § 1114(a) tion (fill out below) ces performed
2 Date debt was incurred 06/01/2004		3 If c	ourt	judgment, date	obtained	
4 Classification of Claim Check the appropriate box See reverse side for important explanations Unsecured Nonpriority Claim \$ 134 724 50 Check this box if a) there is no collateral or lien so b) your claim exceeds the value of the property securing only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507 (a)(1)(B) Wages salaries or commissions (up to \$10 000) * ed days before filing of the bankruptcy petition or cessation business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan 11 U S	curing your claint or if c) none or part of which (a)(1)(A) or arned within 180 of the debtor's	Section or or or a rior or sec § 500 Taxes	Cheght of Vanount Vano	eck this box if ye f setoff) ief Description of Real Estate [lue of Collatera of arrearage and claim if any \$ 25* of deposits for personal fair) enalties owed to ecify applicable subject to adjust	our claim is of Collatera Motor V s unk dother char 4271 20 toward pur mily or hor governmer paragraph ment on 4/1	is secured by collateral (including if Wehicle Other CHOWN Ges at time case filed included in
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other chinterest or additional charges	arges in additio	(uns	724 ecured icipal) (secur	ed) (I	priority) (Total) h itemized statement of all
6 Credits The amount of all payments on this cla making this proof of claim	m has been crec	dited and de	ducte	ed for the purpo	se of	THIS SPACE IS I'VE COURT USE ONLY
7 Supporting Documents Attach copies of support orders invoices itemized statements of running accordance agreements and evidence of perfection of lien. Documents are not available explain. If the docume 8 Date Stamped Copy. To receive an acknowledgment addressed envelope and copy of this proof of claim. Date Sign and print the name and title file this claim (attach copy of positions).	NOT SEND Onts are voluming on the filing	court judgr RIGINAL ous attach a of your clai	nents DOC sumi	mortgages sec UMENTS If th mary close a stamped	unty le self-	LED JAN 11 200;
01/10/2007 Edward L Schoonover Co-				US TOWN OF D	oth 1911	USA CMC

FORM B10 (Official Form 10) (10/05)

NOTH: This form should not be used to make a claim for an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the case. A request for payment of an administrative expense ansing after the commencement of the claim and administrative expense ansing after the commencement of the claim and administrative expense ansing after the commencement of the claim and administrative expense ansing after the commencement of the claim and administrative expense ansing after the commencement of claim case and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and administrative expense ansing after the commencement of claim and	UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada PROOF OF CLAIM			
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to ITUSC \$ 103	Name of Dubtor USA COMMERCIAL MORTGAGE CO	Case Number oc 40705 LDD			
And of Creditor (The person or other entity to whom the dubror owes money or property) TIKI INVESTMENT ENTERPRISES, LP Name and address where notices should be sent 2578 HIGHMORE AVE HENDERSON, NN 89052 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See exhibit A Other 2 Date debt was incurred Other Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Check this box if a) there is no collateral or hen securing your claim or or only part of your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Linesecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Name and address where notices should be sent 25 Date debt was incurred Claim Check this box if you relaim is entitled to priority Name and address and the new clope of the menurous of the claim at the time case filed securing it or if c) none or only part of your claims is escured by collateral (including a right of sector) Sec reverse side for important explanations Name and address where notices should be sent 25 Date debt was incurred Claim Check this box if you relaim is entitled to priority Name and address and the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed a right of sector) Name and address and compensation for services performed I priority Claim Check this box if you relaim is entitled to priority Name and address and the appropriate explanations Name and address and the appropriate explanations Name and address and compensation for learn and the time dise of the property securing it or if c) none or of the claim at the time case filed inclu		TO WILD LICES			
Name of Creditor (The person or other entity to whom the dubtor owes monty or property) TIKI INVESTMENT ENTERPRISES, LP Name, and address where notices should be sent 2578 HIGHMORE AVE HENDERSON, NV 89052 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor indentifies debtor 7002 Telephone number 702-617-2565 Last four digits of account or other number by which creditor in the case of this claim and the envelope sent to you by the court. Check but if you have never received any notices from the bankruptcy court in this case. Check box if you have a never received any notices from the bankruptcy court in this case. Returee benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS.# Unpaid compensation for services performed Wages salaries and compensation (fill out below) Last four digits of your SS.# Unpaid compensation for services performed from	NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma	may be filed pursuant to 11 USC § 103			
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5 Total Amount of Claim at Time Case Filed \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. This Since is now Court Usi Only	The amount of an payments on this claim has been	en credited and deducted for the purpose of This Sixco is for Court Usi On			
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addressed envelope and copy of this proof of claim	addressed envelope and copy of this proof of claim	1			
Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	Sign and print the name and title if any, of the file this claim (attach copy of power of attor	f the creditor or other person authorized to tomey if any)			
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Name of Debtor		Case Number		Schedule/Claım II	D s32654
USA Commercial N	lortgage Company	06-107	725-LBR	Amount/Classifica	ation
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LAS VEGAS NV			Check box if this address differs from the address on the envelope sent to you by the	If you have alre	eady filed a proof of claim with the or BMC you do not need to file again
	19, 838-4046		court	THIS SPAC	E IS FOR COURT USE ONLY
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1 BASIS FOR CLAIM		Retiree I	benefits as defined in 11 U S	C § 1114(a)	☑ Unremitted principal
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M Worley loaned	Curer (describe bileny)	Unpaid o	compensation for services pe	erformed from	(date) to (date)
2 DATE DEBT WAS INCUR	IRED	3 IF C	OURT JUDGMENT, DATE (DBTAINED	(date)
	AIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	nt of the claim at the	e time case filed
See reverse side for important UNSECURED NONPRIORI	•		SECURED CLAIM		
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UNSECURED PRIORITY CL			Real Estate		e 🗍 Other
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7 SUPPORTING DOCUM running accounts, contract	of all payments on this claim has been created. MENTS Attach copies of supporting docu- cts, court judgments mortgages security a cuments are not available explain. If the co	<i>ıments,</i> sı agreemen	uch as promissory notes pur ts and evidence of perfection	chase orders, inv	oces, itemized statements of
proof of claim	γγ To receive an acknowledgment of the				d envelope and copy of this
The original of this com ACCEPTED)	pleted proof of claim form must be sen	t by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Doo P O Box 911 El Segundo CA 90245 08		Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO up ICM Claims Docketing Cente t Franklin Avenue do CA 90245	FILEU) JUN 0 4 2007
DATE	SIGN and print the name and title if any of the	creditor or	other person arithograed to file	8	
June 1-07	SIGN and print the name and title if any of the processing (attack to white processing the first of the first	by it from s	stec- yours con stec-fatures E	Von Ereno	USA CMC

United States Bankruptcy Court	Diere	CT O	F_Nevada		
			MANAGOR	PROOF O	FCLAIM
Name of Duttor	Case Nu		777 120		
USA Commercial Mortgage			725-LBR		
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Married man dealing withhis Sole + separate property	giving		• •		
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Gerry Topp 10745 W. River St Truckee, CA 96161			he address differs from the	e	
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b) your claim exceeds the value of the property securing it, or if c) none or					J
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7 Supporting Documents. Attach copies of supporting documents.	nents such as r	oromiss	ory notes purchase	ł	
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addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)					
1/17/07	orney is dily)				
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UNITED STATES BANKRUPTCY COURT	DISTRICT OF	PROOF OF CLAIM
Name of Dehtor	Case Number	
USA COMHERCIAL HTG CO,		
NOTE: This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in	nistrative expense arising after the commencephagy be filed pursuant to 11 U.S.C. § 503	ECEIVED AND FILED
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyo else has filed a proof of claim relating	700b NG 14 P 2 25
debtor owes money or property)	else has filed a proof of claim relating your claim Attach copy of statement	
LINUX III WILLIAM	giving particulars	S BANKRUPTCY COURT
Name and address where notices should be sent	Check box if you have never received notices from the bankruptcy court in	THE CIA GRAY CLERK
LINDA M. WALKER 3710 CLOVER WAY	case Check box if the address differs from	
RENO, NV 89509	address on the envelope sent to you by	••••
Telephone number 775-17/-1393 Last four digits of account or other number by which creditor	the court. Check here replaces	This site and the site of the
identifies debtor (CLIENT ID 5644)	if this claim amends a previous	y filed claim dated
1 Basis for Claim	☐ Retiree benefits as defined	d in 11 USC § 1114(a)
☐ Goods sold	☐ Wages salaries and comp	pensation (fill out below)
Services performed Money loaned	Last four digits of your Si Unpaid compensation for	
Personal injury/wrongful death	from	to
U Taxes Other	(date)	(date)
2. Date debt was incurred / /	3. If court judgment, date obta	ined
5/3/04, 4/01/05, 4/27/05 6/20/05		
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.	at best describe your claim and state the amo	ount of the claim at the time case file
Unsecured Nonpriority Claim \$	Secured Claim	
Check this box if a) there is no collateral or lien securing your	r claim, or a right of setoff)	im is secured by collateral (including
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Unsecured Priority Claim		tor Vehicle Other
Check this box if you have an unsecured claim all or part of w	Value of Collateral \$_	(OD) OOD bluss
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Amount entitled to priority \$	secured claim if any \$	
Specify the priority of the claim	☐ Up to \$2,225* of deposits toward	purchase lease or rental of property
☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	or services for personal family of \$ 507(a)(7)	r household use - 11 U S C
Wages, salaries, or commissions (up to \$10,000),* earned within	Taxes or penalties owed to govern	mental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	1'8 U Outer - Specify applicable paragra	
☐ Contributions to an employee benefit plan - 11 U S C. § 507(a)(· ····································	4/1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed	(0)	t (a) Cont
,	(unsecured) (secured)	(priority) (Total)
Check this box if claim includes interest or other charges in additional charges.	tion to the principal amount of the claim At	tach itemized statement of all
Credits The amount of all payments on this claim has been c	redited and deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY
making this proof of claim.		THE SITE WITH COURT OF ONLY
Supporting Documents Attach copies of supporting documen orders invoices itemized statements of running accounts, contract	us, such as promissory notes, purchase	
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 Date-Stamped Copy To receive an acknowledgment of the filin addressed envelope and copy of this proof of claim. 	ng of your claim enclose a stamped self-	
Date / / Sign and print the name and title, if any, of the	creditor or other person authorized to	
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ey, if any)	
LINDA M WALKER, A	Single woman	USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	<i>I</i> mber	,	
USA COMMERCIAL MODILAGE GURANY	06-1	072K-LBR		•
NOTE. See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exercising after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.		
THE WHITURAN TRUST dates 12 follo 40 H DANIEL WHITMAN, TRUSTE		Check box if you have never received any notices		
PO. BOX 10200		from the benkruptcy court or BMC Group in this case. Check box if this address		B PROOF OF CLAM FOR A EST IN A BORROWER THAT IS NOT FTORS.
28841R COVE, NV 89448-2200		dillers from the address on the envelope sent to you by the court.	Bankruptcy Court	ady fied a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number () 775 / 42 - 436 5 Last four digits of account or other number by which creditor identifies	s debtor			E IS FOR COURT USE ONLY
CHENT ID SSF7		Check here feplar	a previously	1003 - 2006 filed clilim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree	benefits as defined in 11 U.S.	C § 1114(a)	Unrewilled principal
Services performed Taxes		salaries, and compensation (ill out below)	Other claims against service (not for loan belances)
Money loaned Other (describe briefly)		r digits of your SS #	£	
SEE FIGHER A	Onpaid (compensation for services pe	normed from.	to
2. BATE DEBT WAS INCURRED: 2004 - 2006		OURT JUDGMENT, DATE O		
4. CLASSIFICATION OF CLASS. Check the appropriate box or boxes the See reverse side for important explanations.	at best descr	the your claim and state the amo	ant of the claim at t	ie time case fied.
UNSECURED NONPRIORITY CLAIM \$ Line 4 of En	44.11	SECURED CLAIM		
Check this box it: a) there is no collecteral or lien securing your claim, or t	ツノのテアーア b) your claim	. D creex mas por u.y.	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of entitled to priority.	your claim is	a right of setoff).		
UNSECURED PRIORITY CLAM		Brief description of		П
Check this box if you have an unsecured claim all or part of which is		Real Estate L		
entitled to priority Amount entitled to priority \$		Value of Collateral.		at time case filed included in
Specify the priority of the claim:		secured claim, if any	Line	OF RINIBITA
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)* samed within 180 day	L	Up to \$2,225° of deposits tows services for personal, family of		
before filing of the bentrupitoy petition or cassestion of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable part		
		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAM \$ Line Nof Exp		H of Exp	(priority)	Wine HoffXA
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim. Attach ite	nized statement of	all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been on	dited and o	leducted for the purpose of m	aking this proof o	f claim.
 SUPPORTING DOCUMENTS: <u>Allect copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS if the documents are not available, explain. If the 	agreement	s, and evidence of perfection	of lien. DO NO	ices, itemized statements of SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.				envelope and copy of this
	13 MC 1 SAC	MCLaim DOCK	ting Center	THIS SPACE FOR COURT USE ONLY
BY MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO	Avenue	FILED JAN 16 200
	EL S	egundo Ca.	5-	_
DATE SIGN and print the name and title, if any of the claim (attach copy of power of alto	he creditor or	other cutting Militarized to the	1	USA CMC
1-10-07 H. DANIEL LAYLETTING				1072502367